Holding of MD Examination in J & K

1922. SHRI SHABBIR AHMAD SALARIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the examination for MD classes have not been held in J & K for the last 2 years;

(b) whether it is also a fact that this practice is leading to dearth of senior doctors;

(c) whether Governmeont are considering any proposal for holding the examination in J & K; and

(d) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI SIDDHARTHA): (a) to (d) A statement containing the information received from the Government of Jammu and Kashmir is attached.

Statement

(a) Yes, Sir.

(b) No, Sir.

(c) Yes, Sir.

(d) The entrance examination for making selection of eligible candidates for undergoing Post-graduate courses (MD/MS) in different disciplines could not be held in thet State of Jammu & Kashmir during the years 1990 and 1991 because of pendency of court cases challenging the Government notification governing such selections and also the selection for the session 1989. The clubbed writ petitions were disposed of by the High Court of Jammu and Kashmir by a judgement on 18.7.1990, which was subsequently challenged by the aggrieved candidates. All appeals against the said judgement dated 18.7.1990 have been disposed of by the High Court on 27.9.1991. The State Government is actively considering the steps for conducting the entrance examination through the competent authority.

Medical aid to all

1923. SHRI KRISHNA KUMAR BIRLA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Government have urged the private sector to assist the public sector medical institutions to provide medical aid to maxmum number of people;

(b) if so, the details of the private sector units identified for providing medical aid to public sector medical institutions; and

(c) what is the extent to which the participation by private sector in the field is likely to help achieve the goal of Health to all by 2000 A.D. ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b). The Delhi Administration has introduced a system whereby patients from the economically weaker sections are referred for sophisticated tests to private diagnostic centres who have availed custom duty exemption while importing concerned equipment. Further, private hospitals' nursing homes availing of concessional land allotment by Delhi Administration have been enjoined to provide a certain quota of their IPD/OPD services to the poorer patients as per terms of land allotment.

(c) Participation by the private sector, including voluntary agencies and non-governmental organisations in health care programmes would contribute towards the achievement of the goal.

Population growth

1924. SHRI DHULESHWAR MEENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have studied the world bank Report 'World popula-

tion projections' which warns on India's population growth at 1,756.718 million by 2150;

(b) whether it is also a fact that the World Watch Institute Researcher's study has stressed the need for an urgent action by the Government on the question of birth control and the status of women;

(c) what are the other areas of concern according to the reports; and

(d) what steps Government are contemplating in the situation ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The World Bank in its publication entitled "World Population Projections 1989-90 Edition Short and Long Term Estimates" have projected India's population in the year 2150 as 1,756.718 millions.

(b) This Ministry is not yet aware of any such World Watch Institute study specific to the issue of birth control and the status of women.

(c) According to the World Bank report, the concern expressed *inter-alia* is: "India presently contributes more to world population growth than China or any other country and will continue to do so throughout the projection period. Its eventual stationary population is estimated at 2.3 times its 1985 population".

(d) In order to check the population growth in the country, a number of new initiatives have been taken up to impart a new thrust and dynamism to the Family Welfare Programme. In this context a draft Action Plan has been evolved in consultation with the State Governments/ Union Territories Administration. The draft Action Plan is directed towards improvement of the quality and outreach of health and family welfare services, expansion of the programme for mother and child health care, better intersectoral coordination, meaningful information education and communication efforts, greater participation of the people in the Family Welfare Programme and evolving a national consensus for imparting a new momentum to population control efforts. The draft Action Plan is being further examined by the State Governments/Union Territories Administration and other concerned departments of the Government for possible improvements, before it is finalised and put to implementation.

Earning of revenues from tobacco

1925. SHRI GURUDAS DAS GUPTA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the President of the Indian Tobacco Association has decried the recommendations of the recently concluded National Conference on Tobacco or Health;

(b) what is the average annual production of tobacco in the country and what is the revenue earned from tobacco and what are the details of the export earnings during the last three years; and

(c) what steps are being taken to discourage smoking without harming the interests of labour employed in the industry ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) This Ministry is not aware of any such fact

(b) The production of tobacco at ABLALL 673 RS 8x10x14 20-11-92 Exports of unmanufactured tobacco and tobacco products and value thereof during the last three years are given in Statement II. (*See below*).